



MISSOURI DEPARTMENT OF MENTAL HEALTH

MARK STRINGER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
4.140

CHAPTER Program Implementation and Records	SUBCHAPTER Clinical Standards and Procedures	EFFECTIVE DATE 6/23/16	NUMBER OF PAGES 13	PAGE NUMBER Page 1 of 13
SUBJECT: Use of Seclusion and Restraints in CPS		AUTHORITY: Section 630.050 and 630.175	HISTORY See Below	
PERSON RESPONSIBLE Director CPS			SUNSET DATE 7/1/19	

PURPOSE: Prescribes the policy on the use of restraint and seclusion.

APPLICATION: Applies to the Division of Behavioral Health Adult and Children's Psychiatric Facilities.

(1) This DOR applies to the Division of Behavioral Health Adult and Children's Psychiatric Facilities, except in the following specific situations.

(A) Procedures specific only to the Biggs Forensic Center (Maximum Security) regarding the maintenance of a security environment equivalent to that of a jail or correctional setting for an individual transferred to these settings whose legal status is that of jail detainee, correctional inmate, or pre-trial evaluation. All other applications of this DOR apply.

(2) **PHILOSOPHY.** The leadership of Department of Mental Health recognizes that the use of restraint and seclusion poses an inherent risk to the physical safety and the psychological well-being of both individuals and staff. In particular, while some of the individuals we serve have high rates of violence toward themselves and others, there is recognition that many of the individuals we serve have also had a high incidence of exposure to sexual, physical and emotional abuse. Consequently, we recognize that any emergency interventions have the potential for (re)traumatizing such individuals. Further, we recognize that despite best intentions, decisions concerning the use of restraint and seclusion are necessarily made under less than ideal circumstances (i.e., emergencies), and involve the urgent weighing of significant risks versus the benefits of physical safety. Therefore, such emergency interventions as the use of restraint and seclusion are to be avoided wherever possible. As part of this commitment, leadership explicitly espouses the following principles and values in regard to restraint and seclusion:

- (A) Use of restraint and/or seclusion is seen as a safety intervention of last resort, rather than a treatment intervention *per se*, and its usage should be an uncommon event;
- (B) An organizational philosophy of giving the highest priority to all non-violence is to be articulated in all policies, procedures and practices;
- (C) Individuals are to have a voice in determining treatment options;
- (D) Practices that are sensitive to those with a history of trauma are to be in place;
- (E) Key models are to be identified that support a culture of individual empowerment and recovery that is supportive, compassionate and non-punitive; and



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(F) An environment of care is to be created that is welcoming, attractive and as adaptable as possible.

(3) Restraint and seclusion shall be utilized only to ensure the immediate physical safety of the individual, a staff member, or others; must be discontinued at the earliest possible time; and used only when less restrictive interventions have been determined to be ineffective. Non-physical interventions are the first choice as an intervention unless safety issues demand immediate physical intervention. The facility's approved early intervention crisis prevention techniques will be used to de-escalate conflict when possible. Restraint and seclusion shall not be used for the purposes of discipline, coercion, retaliation, the convenience of staff, as a substitute for a program, as a replacement for adequate levels of staff, as punishment, or as the sole basis for transfer from an inpatient psychiatric facility to a more secure psychiatric setting. The dignity, privacy and safety of individuals who are restrained or secluded should be preserved to the greatest extent possible during the use of these interventions. Restraint and seclusion should be initiated only in those individual specific situations in which an emergency safety need is identified, and these safety interventions should be implemented only by competent, trained staff.

(4) The following shall apply to the use of manual or mechanical restraints or seclusion:

(A) The use of restraint or seclusion shall be in accordance with the order of a physician responsible for the care of the individual and who is privileged by the facility or the physician's designee (another physician or advanced practice nurse) who is also authorized and privileged by the facility to provide such orders.

(B) When restraint or seclusion is ordered for an individual, the physician's designee (another physician, or advanced practice nurse) ordering the restraint or seclusion shall consult as soon as possible with the physician responsible for providing ongoing care to the individual. The consultation shall be documented in the medical record per facility policy.

(C) Only the application of approved restraint principles will be used when restraining an individual.

(D) Only facility approved mechanical restraint devices will be applied should mechanical restraint be required.

(E) Instances in which manual, mechanical restraint or seclusion is used are documented on appropriate facility forms.

(F) Standing or PRN orders for the use of manual or mechanical restraints or seclusion shall not be used.

(G) Restraints shall not be used as a means of coercion, as discipline or punishment, for the convenience of staff, as retaliation by staff, as a substitute for treatment or rehabilitation programming, or used in a manner that causes undue physical discomfort or pain to the individual.

(H) The use of a restraint technique for purposes other than those stipulated in this regulation or any excess application of force shall be considered abuse and is cause for disciplinary action against the employee.



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(I) Verbal threats to use seclusion or restraints as a form of intimidation or control are not permitted.

(I) Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others.

(J) Manual holds instituted to administer medication are restraints and do require an order by a physician or APN designee along with associated rationale and documentation; and do require face-to-face evaluation by a physician, APN or special procedures nurse, even in circumstances where the individual is released immediately following the medication administration.

(5) As used in this DOR, the following terms mean:

(A) Seclusion: The involuntary confinement of an individual alone in a room or area from which the individual is physically prevented from leaving.

(B) Restraint:

1. Any physical method, manual hold or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual to move his or her arms, legs, body, or head freely; or

2. A drug or medication when it is used as a restriction to manage the individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's medical or psychiatric condition (i.e. chemical restraint). Additionally, chemical restraint is considered an inappropriate method of controlling behavior and is not the practice of any facility in the Department of Mental Health. Use of a medication is considered inappropriate if: (a) it is not a recognized treatment for the individual's mental disorder; or (b) the medication is administered excessively, such that it can be expected to produce sedation or limit the individual's ability to participate in the treatment process rather than treat symptoms of the mental disorder. However, medication may be used appropriately to treat behavioral symptoms of mental disorder, including aggressive behavior, and in that case, the specific medication use shall be included in the treatment plan and shall not be considered chemical restraint.

3. For the purposes of this definition, restraint does not include:

A. Devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of an individual for the purpose of conducting routine physical examinations or tests, or to permit the individual to participate in activities without the risk of physical harm.

a. Hand mitts are not considered restraints unless the mitted hands are tied down or unless they cannot be removed intentionally by the individual in the same manner as they were applied by staff.



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b. Bed side rails used to protect a person from falling out of bed are not considered restraints. Conversely, bed side rails used to restrict the person's freedom to exit the bed are considered a restraint. Clinical judgment must be used in determining this distinction. See Section (10) for policy related to restraint use in non-violent, non-self-destructive situations.

B. The holding of a child's hand for purposes of safely escorting across a street.

C. Physical intervention from which an individual can easily break away. This includes physical redirection that continues to provide the individual the opportunity for independent movement in more than one direction (e.g. use of approved techniques for the management of physical aggression to block a blow or a block/momentary grasp of a hand or arm that prevents an individual from striking another person, provided that the individual is still able to move independently in other directions).

D. Proper use of security escort devices pursuant to 630.175.4, RSMo.

E. Extraordinary measures employed by the head of the facility to ensure the safety and security of patients, residents, clients, and other persons during times of natural or manmade disasters pursuant to 630.175.5, RSMo.

(C) Trained staff: Such persons designated by facility policy who have been approved, tested, and recognized as competent to provide one of the following services:

1. All direct care staff and other staff involved in the use of restraint and seclusion shall receive education and training and shall demonstrate a working knowledge of the underlying causes of threatening behavior, related medical conditions that may cause aggression, events and environmental factors that may trigger the need for restraint or seclusion, impact of staff behavior, how to choose the least restrictive intervention based on individual assessment information, de-escalation techniques and other non-physical intervention skills, recognizing and responding to symptoms of physical distress, an individual's viewpoints regarding use of restraint or seclusion, first aid procedures, and be certified in cardiopulmonary resuscitation.
2. Physicians and APN designees shall demonstrate a working knowledge of the Department's and facility's policies and procedures associated with the use of restraint and seclusion.
3. Those who apply the restraint and receive the training and demonstrate the safe use of restraint including physical hold applications, floor assisted restraint procedure, and the application and removal of mechanical restraints.
4. Those authorized to provide monitoring or 15-Minute assessment are competent and demonstrate competence in: taking and interpreting vitals, checking circulation and range of motion, skin integrity, signs of incorrect application of restraints, addressing nutrition, hydration, hygiene and elimination needs, recognizing changes in condition, addressing physical and psychological



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status, recognizing signs of potential readiness for discontinuation, assisting the individual to meet the behavioral criteria for discontinuation, and recognizing the need to contact medical personnel for further evaluation.

5. The assigned RN shall be competent and demonstrate competence in assessing physical, and psychological status, and assessing for discontinuation.

6. Persons authorizing restraint or seclusion in emergency situations and/or determining the need to secure a new order, are competent as above, are aRN, and have demonstrated competence in recognizing how age, developmental considerations, gender issues, physical and medical challenges/conditions, ethnicity, and history of sexual or physical abuse may affect the individual's reactions, and using behavioral criteria for discontinuing restraint and seclusion and assisting individuals in meeting these criteria.

(D) Physician: A person licensed as a physician pursuant to Chapter 334, RSMo, and designated by the facility to perform functions as set out in this DOR.

1. Attending physician: The physician primarily responsible for the individual's ongoing care.

(E) Registered Professional Nurse (RN): A person licensed pursuant to Chapter 335, RSMo, to engage in the practice of professional nursing as defined in section 335.016(15), RSMo.

(F) Advanced Practice Nurse (APN): An RN who is recognized by the Missouri State Board of Nursing as an advanced practice nurse as defined in section 335.016(2), RSMo, and is certified as a psychiatric nurse practitioner and is clinically privileged by the facility to perform the functions as set out in this DOR.

(G) Special Procedures Nurse (SPN): A facility designated and specially trained RN who may perform the face-to-face evaluations required for restrained or secluded individuals within one (1) hour of initiation of that procedure.

1. SPN must meet the criteria for a psychiatric nurse as defined in section 632.005(17), RSMo, and

2. SPN must have successfully completed a Department approved course of study designed to prepare the SPN to evaluate an individual's medical and behavioral condition and the individual's need for continuation/termination of restraint or seclusion, to prepare the SPN to evaluate the individual in the context of special population needs or considerations and vulnerability associated with the facility's population demographics, and to reinforce the SPN's understanding and application of Missouri statutes and Department policies and procedures related to individual abuse or neglect, related CMS Conditions of Participation, and Joint Commission standards, and

3. SPN must have successfully met the annual competency measures associated with this function, as well as those competencies expected of any registered professional nurse as applies in the use of restraint or seclusion in the facility.

(H) Time out: Temporary exclusion or removal of an individual from positive reinforcement. It is a procedure in which, contingent upon the individual's engagement



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in undesired behavior, the individual is removed from the situation that affords positive reinforcement. The use of any time-out procedures are detailed in the individual's treatment plan and do not involve the use of restraint or seclusion.

(6) Each facility shall include in its policies the proper use and maintenance of restraint and seclusion equipment.

(7) Each facility shall collect from individuals and relevant others, at the time of admission, or as soon as is clinically appropriate or possible, to the facility; information that will assist in preventing the use of restraint or seclusion or in minimizing the extent of their use. This process shall include:

(A) Administration of an instrument chosen by the facility to collect information about the individual's history of exposure to sexually, physically or emotionally traumatic events, or other trauma – including trauma from previous use of seclusion and restraints or other prior mental health interventions;

(B) Staff should discuss with each individual strategies to both identify and reduce the specific precursors of violent behavior (e.g., agitation, anger, hostility, impulsivity, etc.) that might ultimately lead to the use of restraint and seclusion; such discussion shall include what kind(s) of treatment or intervention would be most helpful and least traumatic for the individual;

(C) Use of an instrument or form that collects systematic information about stimuli or situations that typically increase the individual's degree of agitation, activities or interventions that are typically calming when the individual is agitated, and the individual's history of restraint or seclusion in psychiatric settings;

(D) Identification of individuals with hearing deficits or other receptive or expressive communication difficulties; and a plan developed for providing these individuals with appropriate communication access and resources;

(E) Designation of a family member or other person the individual wishes to be informed if restraint or seclusion is used. This information shall be used in the development of the individual's treatment plan.

(F) A method for reviewing and updating this information for any individual whose length of stay exceeds twelve (12) months; and

(G) History of violent acts committed by the individual.

(8) While it may be necessary to initiate restraint or seclusion when the attending physician is not physically present, it is desirable that any application of restraint or seclusion be supervised by a physician to the greatest degree possible. A physician or APN designee shall be notified at the earliest time possible when a situation has a significant likelihood of leading to restraint or seclusion. When notified of such a situation, a physician or APN designee shall come personally to evaluate the situation if reasonably possible. Once a physician or APN designee is physically present, he or she shall assume leadership responsibility and direct the other clinical staff in managing the individual's behavior. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint.



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(A) Any restraint or seclusion order authorized by the APN designee shall be reviewed in person by the attending physician within twenty-four (24) hours or the next regular working day of the order being issued. Such review shall be documented in the clinical record of the individual. Earlier review by the attending physician is required if the any of the following exists:

1. If the APN designee orders restraint or seclusion that extends beyond four (4) continuous hours for an individual under eighteen (18) years of age or eight (8) continuous hours for an individual eighteen (18) years of age or older, then the attending physician shall review the order in person as soon as possible, but no later than prior to twenty-four (24) hours or the next regular working day of the order being issued; or
2. If the APN designee orders restraint or seclusion for any total length of time lasting more than four (4) hours in a twenty-four (24) hour period for an individual under eighteen (18) years of age or more than eight (8) hours in a twenty-four (24) hour period for an individual eighteen (18) years of age or older, then the attending physician shall review the order in person as soon as possible, but no later than prior to twenty-four (24) hours or the next regular working day of the order being issued.

(9) Procedures for restraint or seclusion used for the management of violent or self destructive behavior shall be discontinued at the earliest possible time based on the determination that the individual's behavior is no longer a threat to self, staff or others, and includes the following requirements:

(A) Use of restraint or seclusion shall cease when the RN, physician or APN designee determines that the need for restraint or seclusion is no longer present or that the individual's needs can be addressed using less restrictive methods. The physician or APN designee may specify how these criteria may be demonstrated or assessed prior to release, as documented on the physician's or APN designee's order. This criteria will be considered prior to release.

(B) A physician, or his/her APN designee, may authorize an RN to use restraint or seclusion to control an individual's dangerous behavior with a verbal order during times when a physician or his/her APN designee is not physically available as described in section (9)(G).

1. Face-to-face clinical assessments of the individual to evaluate the individual's immediate situation, his/her reaction to the intervention, his/her medical/behavioral condition and the need to continue or terminate the restraint or seclusion are conducted:

A. By a physician, or his/her APN designee, or SPN:

- a. Within one (1) hour of the initiation of restraint or seclusion. If performed by an SPN, the SPN shall consult with the ordering physician or APN designee as soon as possible after the completion of the one (1) hour face-to-face assessment. The consultation occurrence shall be recorded in the individual's medical record to reflect no less than a review



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of the individual's response to the restraint/seclusion, the individual's physical and psychological status, and any resulting physician recommendations or verbal orders.

b. Every eight (8) hours thereafter a face-to-face evaluation shall be performed by a physician, or APN designee, not an SPN, if the restraint or seclusion continues.

B. By a physician, his/her APN designee, or SPN in facilities that primarily serve individuals eighteen (18) years or younger as follows:

a. Within one (1) hour of the initiation of restraint or seclusion. If performed by an SPN, the SPN shall consult with the ordering physician or APN designee as soon as possible after the completion of the one (1) hour face-to-face assessment. The consultation occurrence shall be recorded in the individual's medical record to reflect no less than a review of the individual's response to the restraint/seclusion, the individual's physical and psychological status, and any resulting physician recommendations or verbal orders.

b. Should a restraint and seclusion continue beyond the time limits specified in the initial order, a face-to-face evaluation shall be completed by a physician or APN designee, not an SPN.

c. Every four (4) hours thereafter a face-to-face evaluation shall be performed by a physician or APN designee, not an SPN, if the restraint or seclusion continues.

2. The written orders/documentation in the individual's record shall contain at least the following information:

- A. Completion of face-to-face evaluations;
- B. Individual's condition, symptoms and/or behavior demonstrated necessitating restraint or seclusion;
- C. Alternative interventions attempted that failed;
- D. Rationale for the type of restraint or seclusion selected;
- E. Individual's response to restraint or seclusion, and the need for continued use;
- F. Behavioral criteria for the individual's release;
- G. Methods for staff to use to assist individuals in regaining control;
- H. Consideration of any pre-existing medical conditions that might be exacerbated by restraint or seclusion; and
- I. Assessment for physical injury.

(C) Each order for restraint or seclusion shall be time limited and shall not exceed four (4) hours for adults, two (2) hours for youth nine (9) to seventeen (17), and one (1) hour for children under nine (9).

(D) Facility policy is to specify mechanisms for notification of the facility medical director or his/her designee when restraint or seclusion is used in any of the following circumstances:

- 1. Any episode that lasts twelve (12) consecutive hours;
- 2. Any two (2) or more episodes within a twelve (12) consecutive hour period; and



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3. Any episode that continues beyond twenty-four (24) consecutive hours, with provisions for continued notice for every twenty-four (24) hour period thereafter.

(E) While individuals are in restraints or seclusion, trained staff shall:

1. Observe and assess the individual continuously to assure appropriate care and treatment including bathing, intake of fluids, regular meals, exercise and use of toilet;

2. During observation, if it is believed that the individual's dangerous behavior has ceased, the observer shall immediately notify an RN who shall verify observation;

3. Observations under paragraphs 1 and 2 shall be documented per facility approved flow sheet; and an RN shall assess the individual and document at least every hour.

(F) When a restraint involves a manual hold, a staff person not assisting with the hold shall be assigned to observe the individual.

(G) In situations where a physician or his/her APN designee are not physically available and there exists an imminent danger or reasonable likelihood of serious physical harm to self/others, trained staff may initiate the manual or mechanical restraint of an individual or placement of the individual in seclusion.

1. The RN approved per facility policy to sanction restraint or seclusion procedures shall observe and assess the individual immediately and document the following in the medical record per facility policy:

A. The necessity for manual or mechanical restraint or seclusion, and inadequacy of less restrictive intervention and what interventions have already been attempted;

B. The type of manual or mechanical restraint or seclusion;

C. The expected behavior necessary for release from manual or mechanical restraint or seclusion; and

D. The physical condition of the individual prior to the use of restraint or seclusion.

2. Until a physician, or his/her APN designee, is reached for an order, individuals may be restrained or secluded under sanction from an RN. In these emergency application situations, an order must be obtained either during the emergency application of the restraint or seclusion, or immediately (within a few minutes) after the restraint or seclusion has been applied. The failure to immediately obtain an order is viewed as the application of restraint or seclusion without an order. Emergency or critical situations that delay the RN's ability to obtain an order beyond the expected few minutes should be documented in the client record. The RN who sanctioned the restraint or seclusion on an emergency basis shall document the phone/verbal order.

3. RN documentation shall proceed according to the facility policy, including the following:

A. When procedure is initiated;

B. Every hour while in restraints or seclusion;

C. Upon release from restraint or seclusion; and

D. Upon notification the individual's dangerous condition appears to have ceased.



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(10) Procedures for restraint used to ensure the physical safety of the non-violent or non-self-destructive individual shall include the following requirements:

(A) If an assessment reveals a medical condition or symptom that indicates the need for an intervention to protect the individual from harm, the least restrictive intervention that will effectively protect the individual from harm must be used. Upon making this determination, the use of a restraint may be considered; however, that consideration must weigh the risks of using a restraint against the risks presented by the individual's behavior. There must then be a determination of the type of restraint intervention that will meet the individual's needs with the least risk and most benefit to the individual.

(B) Use of restraint shall cease when the RN, physician or APN designee determines that the need for restraint is no longer present or that the individual's needs can be addressed using less restrictive methods. The physician may specify how these criteria may be demonstrated or assessed prior to release, as documented on the physician's order. This criteria will be considered prior to release.

(C) A physician, or his/her APN designee, may authorize an RN to use restraint to ensure an individual's physical safety with a written order and modification to the individual's plan of care, or as an emergency measure as described in section (10)(E).

(D) Order renewals or new orders shall be issued no less often than once each calendar day and is based on the physician's or his/her APN designee's evaluation of the individual.

(E) If a physician or his/her APN designee is not available to issue a written order, an RN may initiate restraint use based on an appropriate assessment of the individual and determination that a risk to the individual's physical safety exists.

1. The RN shall notify a physician or his/her APN designee immediately (within a few minutes) after the restraint or seclusion has been applied, and secure a verbal or written order. The failure to immediately obtain an order is viewed as the application of restraint or seclusion without an order.

2. Emergency or critical situations that delay the RN's ability to obtain an order beyond the expected few minutes should be documented in the client record.

(F) While individuals are in restraints, trained staff shall:

1. Observe and assess the individual at least every two (2) hours or sooner according to individual need, to assure appropriate care and treatment including bathing, intake of fluids, regular meals, exercise and use of toilet;

2. Observations shall be documented in the individual's medical record per facility approved flow sheet; and,

3. An RN shall assess the individual and document at least every eight (8) hours.

(11) Procedures for restraint of individuals that engage in intractable behavior that is severely self injurious, and who have not responded to traditional interventions and are unable to demonstrate the ability to behave safely (including those diagnosed with a chronic medical or psychiatric condition, such as Lesch-Nyhan Syndrome) are as follows:

(A) The use of restraints to prevent self-injury may be needed for these types of rare, severe, medical and psychiatric conditions. Use of restraint must be determined as the



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least restrictive intervention that will effectively protect the individual from harm. Upon making this determination, the use of a restraint may be considered; however, that consideration must weigh the risks of using a restraint against the risks presented by the individual's behavior. There must then be a determination of the type of restraint intervention that will meet the individual's needs with the least risk and most benefit to the individual.

(B) Use of restraint in these situations must be consistent with a behavior management plan used to foster adaptive behaviors that has been approved by facility clinical/management leadership. Such a plan must be thoroughly documented as to the need, interventions, evaluation, and discontinuation criteria and must be reviewed and renewed at least monthly.

(C) All staff implementing the plan must be trained in its implementation.

(D) The specific requirements (1-hour face-to-face evaluation, time-limited orders, and evaluation every 24 hours before renewal of the order) for the use of restraint to manage violent or self-destructive behavior do not apply.

(12) The facility shall document in the staff personnel records that the training and demonstration of competency related to use of restraint and seclusion were successfully completed at the time of new employee orientation and annually thereafter unless otherwise stipulated in a specific module of study (e.g. cardiopulmonary resuscitation recertification every two (2) years).

(13) Persons providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address individual's behaviors.

(14) The following steps shall be taken to reduce the likelihood of re-occurrence of the use of manual or mechanical restraint or seclusion:

(A) A debriefing with staff members involved in the application shall take place immediately following the procedure in order to determine:

1. Any improvements that could be made to reduce the likelihood of reapplication;
2. Any improvements in the procedure that could have made the event less traumatic; and
3. Assess any trauma reactions on the part of the staff.

(B) Facility Leadership shall review debriefing reports of restraint or seclusion incidents at regular intervals to ensure that every effort was made to avoid the application. Furthermore, in its review leadership shall assess the extent to which the individual's physical and psychological well being was cared for and the potential for traumatization was minimized. Areas for improvement identified through such reviews shall be conveyed to the individual's treatment team.

(C) Upon application, there shall be a written modification to the treatment plan to reflect the use of restraint or seclusion and to identify methods of reducing the likelihood of reoccurrence.



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(D) As soon as possible, but no later than twenty-four (24) hours after each incident, a debriefing shall take place (including the family as appropriate) in order to:

1. Identify what led to the incident and what could be done differently;
2. Ascertain that the individual's physical well-being, psychological comfort and right to privacy were addressed; and
3. Counsel the individual for any trauma.

(E) The individual's treatment team shall review modification to the treatment plan made during the incident and develop a permanent plan for dealing with the issues that led to the restraint or seclusion.

(15) The medical staff through the Quality Management Office for that facility is responsible for the risk management issues regarding restraint or seclusion. These shall include, but not be limited to, the following:

- (A) Identify and report when restraint or seclusion is used longer than twelve (12) hours or when two (2) or more incidents happen in any twelve (12) hour period;
- (B) Identify and report all unusual or possible unwarranted patterns of utilization including but not limited to trends in shift, initiating staff, episode length, date and time, day of the week, type, injuries to individuals or staff, the individual's age, and individual's gender;
- (C) Identify and report facility utilization of restraint or seclusion at periodic intervals, but not less than quarterly;
- (D) Annually review facility policies, procedures and training programs and recommend necessary changes to the facility head; and
- (E) Identify and approve restraint procedures for use in the facility.

(16) Facility Leadership shall maintain continuous efforts to reduce the use of restraint and seclusion and traumatic effects associated with their application by prominently reflecting such efforts in strategic initiatives and performance improvement processes.

(17) Each facility will develop procedures for reporting deaths associated with the use of restraint or seclusion to the Centers for Medicare and Medicaid (CMS) Region 7, Kansas City, MO, 816-426-5233.

(A) The facility shall report the following information:

1. Each death that occurs while an individual is in restraint or seclusion.
2. Each death that occurs within twenty-four (24) hours after the individual has been removed from restraints or seclusion.
3. Each death known to the facility that occurs within one (1) week after a restraint or seclusion where it is reasonable to assume that the use of restraint or seclusion contributed directly or indirectly to an individual's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.



MISSOURI DEPARTMENT OF MENTAL HEALTH

MARK STRINGER, DEPARTMENT DIRECTOR



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR

4.140

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(B) Reports to CMS shall be made by telephone no later than the close of business the next business day following knowledge of the individual's death.

(C) Staff shall document in the individual's medical record the date and time the death was reported to CMS.

History: Original DOR Effective December 1, 1983. Amendment effective February 8, 1984. Amendment effective February 1, 1994. Amendment effective July 1, 2002. On July 1, 2003 the sunset date was extended to July 1, 2004. On July 1, 2004 the sunset date was extended to July 1, 2005. Amendment effective July 1, 2005. Amendment effective September 10, 2007. Amendment effective February 11, 2009. Amendment effective April 12, 2010. On June 15, 2013 the sunset date was extended to July 1, 2016. Amendment effective June 23, 2016.